

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 9-6-01 and 10-6-01.
b. The request was received on 3-28-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, No response noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 6-27-02. The Respondent did not submit a response to the initial request, nor to the additional documentation. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
“(ii) Payments has been denied stating charges will exceed \$500.00 for the device and therefore require preauthorization. However, the monthly rental charge for this device is \$250.00. As we have only billed for 2 month's rental we have not exceeded the \$500.00 mark.”
2. Respondent: No Response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 9-6-01 and 10-6-01.
2. The Carrier denied the disputed services as reflected on the EOB as, “A 240 – PREAUTHORIZATION NOT OBTAINED”; “F – 246 E DISPUTE ENTITLEMENT”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
9-6-01 10-6-01	E1399 E1399	\$250.00 \$250.00	\$-0- \$-0-	A, 240 F, 246	DOP	TWCC Rule 134.600 (h) (11); TWCC Rule 134.401 (c); CPT Descriptor	<p>The carrier has denied the disputed services as “A, 240 and F, 246.</p> <p>For date of service 9-6-01, pursuant to TWCC Rule 134.600, “The non-emergency health care requiring preauthorization includes: ...all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all tranecutaneous electrical nerve stimulators (TENS) units. The amount of cumulative rental does not exceed the \$500.00 limit. Therefore, reimbursement is recommended in the amount of \$250.00.</p> <p>For date of service 10-6-01, the carrier has not expounded on the “F-246” denial. TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” The Carrier has not provided sufficient explanation of their denial of “F-246 – E DISPUTE ENTITLEMENT”, as required by Rule 133.304 (c). Therefore, reimbursement is recommended in the amount of \$250.00.</p> <p>Total reimbursement is recommended in the amount of \$500.00.</p>

9-6-01 9-6-01	A4556 A4557	\$85.00 \$40.00	\$-0- \$-0-	A, 240 A, 240	DOP	TWCC Rule 134.600 (h) (11);	<p>The carrier has denied the disputed services as "A, 240".</p> <p>Pursuant to TWCC Rule 134.600, "The non-emergency health care requiring preauthorization includes: ...all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all tranecutaneous electrical nerve stimulators (TENS) units." The codes as billed represent supplies and are not considered durable medical equipment.</p> <p>Therefore reimbursement is recommended in the amount of \$125.00.</p>
Totals		\$625.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$625.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$625.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 7th day of October 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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